



Restaurant Beer/Wine Lottery Application

Section 1: Entity/Transaction

Check appropriate box:

1. Applicant

- ☐ Individual: Please list individual's name.
- ☐ Corporation: On page 1 please list corporate name and on page 2 list all stock holders showing the number of shares.
- ☐ Other: If more than one individual, on page 1 please list all individuals' names and on page 2 list the names with percentage of ownership. If a partnership, LLP, or LLC, list the partnership, LLP, or LLC name on page 1 and on page 2 list all individual partners' or members' names showing percentage of ownership.

2. City quota area: _____

Section 2: General Information

Please note: Only one lottery application per person will be accepted. "Person" as defined in ARM 42.12.401 means any individual, firm, partnership, limited liability company, corporation or association.

1. Name of Applicant/Business Entity _____
Address _____
City, State, Zip _____
Contact Person _____ Daytime Contact Phone _____
2. Do you currently own a retail on-premises consumption license at the location for which you intend to apply?
☐ Yes ☐ No If you answered "yes" to this question, you do not qualify for entry in the lottery.
3. Have you sold a retail on-premises consumption license and has it been less than one year since the date of transfer to a new purchaser? ☐ Yes ☐ No If you answered "yes" to this question, you do not qualify for entry in the lottery.
4. Has your restaurant existed for one year prior to the lottery deadline and have you operated it continuously since then?
☐ Yes ☐ No If you answered yes, what is the physical address of the premises? _____

5. If your business is seasonal, has your restaurant existed for one year prior to the lottery deadline and have you operated it continuously during your normal business season since then? ☐ Yes ☐ No
6. Have you been an unsuccessful entrant in a previous restaurant beer/wine lottery held by the Department of Revenue?
☐ Yes ☐ No If you answered yes, please provide information requested below.
Date of lottery _____ City where applied _____ Applicant name _____
7. Check the seating capacity for your restaurant. ☐ 60 or fewer ☐ 61 to 100 ☐ 101 or more

Section 3: Declaration and Affidavit

If my application is drawn in the lottery, I agree to return a completed license application, accompanying documents and the appropriate fees within 30 days of being notified that I was the successful applicant. I further understand that information concerning ownership on this application must be consistent with the license application or I will be disqualified. For example, if you complete this application as an "individual," and are the successful applicant, your subsequent license application must also be as an individual.

Signature

Date

Printed Name

Title

Important: You must return only this lottery application by the deadline set in the publication notice. If the application is not complete, it will be disqualified. For information concerning the deadline for the specific area where you are applying, please call us at (406) 444-6900. Each lottery entrant will be notified of the drawing results.

Return to: Montana Department of Revenue, Liquor Control Division, PO Box 1712, Helena, MT 59624-1712

Corporate Statement (includes corporations, LLCs and LLPs)

The stockholders, members/partners are (please print):

Name	Address	Social Security Number	Date of Birth	Number of Shares
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The officers and directors of the corporation are (please print):

Name	Address	Title
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I, _____, declare under penalty of false swearing that the information
Print name
on this corporate statement is true and complete.

Signature _____ Date _____

Please attach additional pages if necessary.